Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 20

	State	e:		ASHINGTON OMB NO.: 0938-
Agency*	Citatio	n(s)		Groups Covered
		В.		nal Groups Other Than the Medically Needy inued)
of t	(e)(3) he A ct		13.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a *institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. *medical institution Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
(A) (and	(a)(10) ii)(IX) 1902(1) he Act	∠ ∑⁄	14.	The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> :
			a.	Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
			b.	Infants under one year of age.

TN No. 92-08		-//	
Supersedes TN No. 91-22	Approval Date	3/5/92	Effective Date 1/1/92
TN No. 91-22			

HCFA ID: 7983E

AUGUST 1991 Page 21 OMB NO.: 0938-State: _ WASHINGTON Groups Covered Citation(s) Agency* B. Optional Groups Other Than the Medically Needy (Continued) IV-A 1902(a) 15. The following individuals who are not (10)(A)mandatory categorically needy, who have income (II)(IX) that does not exceed the income level and 1902(1)(1) (established at an amount up to 100 percent (D) of the Act of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size. Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained - age 19* 7 years of age; or 8 years of age. *A mandatory coverage group under OBRA 1990.

(BPD)

ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4

TN No		1. /		
Supersedes	Approval I	Date 1/2//92	Effective Date	11/1/9/
TN No.		,	HCFA ID. 7003E	,,

	AUGUST 1991 State: _	WASHING	Page 22 OMB NO.: 0938-
Agency*	Citation(s)	·	Groups Covered
(1) a		(Cont 16. a. b.	Individuals— Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.
TN No. Supersede TN No.	s Appr	roval Date	e

ATTACHMENT 2.2-A

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(MB) FEBRUARY 1992

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STATE	PLAN	UNDER	TITLE	XTX	OF	THE	SOCTAL.	SECURITY	ACT
~		CITUDIA		VIV	O.	4111	COCIAL	CHCOVIII	ΔC_1

State: WASHINGTON

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act

17. Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. Approval Date 9-9-92 Effective Date 4/1/92Supersedes **TN No.** 91-22

Revision: HCFA-PM-91-8 October 1991

(MB)

ATTACHMENT 2.2-A Page 23a

Page 23a OMB NO.:

		OND NO
	State/Territory:	WASHINGTON
Citation	Groups Cove	red
B. Opt	tional Groups Other	Than the Medically Needy Continued)
1906 of the Act	cost-effecti plans rema	required to enroll in live employer-based group health in eligible for a minimum period of months.
1902(a)(10)(F) and 1902(u)(1) of the Act	continuation income as de 1612 of the SSI program of the Fed resources as resource lin whom the St of COBRA pr than the M equivalent	entitled to elect COBRA and coverage and whose etermined under Section Act for purposes of the , is no more than 100 percent deral poverty level, whose re no more than twice the SSI wit for an individual, and for ate determines that the cost remiums is likely to be less edicaid extenditures for an set of services. See 11 to Attachment 2.6-A.
TN No App Supercedes App TN No	proval Date <u>2/4/92</u>	Effective Date /2/1/9/ HCFA ID: 7982E

1

	State: <u>WASHINGTON</u>
Citation	Groups covered
В.	Optional coverage other than the Medically Needy (Continued)
1902(a)(10)(A)	20. Optional Targeted Low Income Children who:

(ii) (XIV) of the Act

- a. Are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. Would not be leigible for Medicaid under the policies in the State's Medicaid Plan as in effect on March 31, 1997 (other than because of the age expansion provided for in 1902(1)(2)(D));
- c. Are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. Have family income at or below:

200 percent of the Federal Poverty Level (FPL) for the size of the family involved, as revised in the Federal Register; or

A percentage of the FPL, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

TN No. 99-03 Approval Date 3/30/19 Effective Date 4/1/99 Supersedes TN No. _--

State:	WASHINGTON
The	state covers:
	All children described above who are under age (18,19) with family income at or below percent of the FPL.
	The following reasonable classifications of children described above who are under age _ (18, 19) with family income at or below the percent of the FPL specified for the classification: (ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE
	PERCENT OF THE FPL USED TO ESTABLISH E L I G I B I L I T Y F O R E A C H CLASSIFICATION.)

X 21. A child under age 19 who has been determined eligible for a total of 12 months regardless of changes in circumstances other than the attainment of the maximum age stated above.

Revision: HCFA-PM-91-4 AUGUST 1991

Citation(s)

(BPD)

ATTACHMENT 2.2-A

Page 24

OMB NO.: 0938-

State: WASHINGTON

Groups Covered

IV-A

Agency*

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

17 No.

187 Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. Supersedes 91-22

Approval Date

Effective Date __1/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 25 OMB NO .: 0938-State: ___WASHINGTON Citation(s) Groups Covered Agency* C. Optional Coverage of Medically Needy (Continued) IV-A 1902(e)(4) of 4. Newborn children born on or after October 1, 1984 to a woman who is eligible the Act as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. 5. $/\overline{X}$ a. Financially eligible individuals who are not IV-A 42 CFR 435.308 described in section C.3. above and who are under the age of--21 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or . technical training **/X**7 b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: <u>_X_</u> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age

TN No. $93-07$ Supersedes Approval Date $3/19/93$ TN No. $91-22$	Effective Date 1/1/93
In No.	HCFA ID: 7983E

X

(b)

of 21_).

the age of 21).

In private institutions (and are under

AUGUST 1991 Page 25a OMB NO.: 0938-State: WASHINGTON Agency* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) (c) · In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21___). X Individuals in adoptions subsidized in (2) full or part by a public agency (who are under the age of $\frac{-21}{}$). Individuals in NFs (who are under the age (3) _X_ of <u>21</u>). NF services are provided under this plan. In addition to the group under (b)(3), (4) individuals in ICFs/MR (who are under the age of 21). _X_ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan. (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. TN No. Effective Date _ ////9/ Supersedes

(BPD)

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HCFA ID: 7983E

Revision: HCFA-PM-91-4

TN No.